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MOLECULAR IMPRINTS

PE	TITIO	FOR EXTENSION OF TIME UNDE	Docket Number (Optional)						
		FY 2005 (fees affactive on or after October	PA129-05D09						
Ap	Ocation	Number 10/775,707	Filed 02/10/2004						
For		PARATUS TO ORIENTATE A BODY WI	TH RESPECT TO A SUR	FACE					
<u> </u>	Unit 2		Examiner Thomas M. Dougherty						
The	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):								
		One month (37 CFR 1.17(a)(1))	Small Entity Fee						
	اب مح		\$110	\$55	s <u>110.00</u>				
		Two months (37 CFR 1.17(a)(2))	\$430	\$215	S				
	Ц	Three months (37 CFR 1.17(a)(3))	\$980	\$490	\$				
		Four months (37 CFR 1.17(a)(4))	\$1530	\$765	\$				
		Five months (37 CFR 1.17(a)(5))	\$2080	\$1040	s				
	Applicant claims small entity status. See 37 CFR 1.27.								
	A ch	eck in the amount of the fee is enclos	ied.		,				
	,								
	The Director has already been authorized to charge fees in this application to a Deposit Account.								
₩	_								
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
i an	n the	applicant/inventor.							
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).								
		attorney or agent of recon	d. Registration Number	38,393					
PERI	TTON O	000006-50266mey 077576nt under 3	7 CFR 1.34.		·				
Registration number if acting under 37 CFR 1.34									
-	Signature Colored								
	Kenneth C. Brooks								
_		Typed or printed name	512-339-7760 Telephone Number						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one eignature is required, see below,									
	Total		re submitted.						

This collection of information is required by 37 CFR 1.138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including pathering, preparing, and submiding the completed application form to the USPTO. Time will vary depending upon the including case. Any comments on the amount of time you require to complete this form anti/or suggestions for reducing this burden, should be sent to the Chief information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in complating the form, call 1-800-PTO-9129 and select option 2.

PAGE 3/13 ° RCVD AT 10/21/2004 2:03:58 PM [Eastern Daylight Time] ° SVR:USPTO-EFXRF-1/3 ° DNIS:8729306 ° CSID:5124918918 ° DURATION (mm-ss):03-18

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application	orDocket	Number

10775707

CLAIMS AS FILED - PART I (Column 1)			(Colu	SMALL ENTITY mn 2) TYPE		ITITY	OR	OTHER SMALL				
TOTAL CLAIMS			9	'1	(00:0	111 21	· [RATE	FEE		RATE	FEE
			NUMBER	u FD	NUMBER EXTRA		ł	BASIC FEE	385.00	OR	BASIC FEE	770.00
FOR TOTAL CHARGEABLE CLAIMS			22				ŀ	YC 0			X\$18=	51
			0	minus 20= * /		ŀ	X\$ 9=		OR		126	
INDEPENDENT CLAIMS minus 3 =							X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT					لا		+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn₁2	•	TOTAL		OR	TOTAL	Tap	
CLAIMS AS AMENDED - PART II						SMALL E	ENTITY	OR	OTHER SMALL I			
	((Column 1) CLAIMS	<u> </u>	(Colur	EST	(Column 3)	l l		ADDI-			ADDI-
AMENDMENT A	10.21-04	REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE
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\ME	Independent	• 3	Minus	***	2	= /	1	X43=		OR	X86=	
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AMENDMENT B		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	IEST BER DUSLY	PRESENT EXTRA] [RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ĵ` 	1145-			+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE									L		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												